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San Carlos Agency

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

V. B. No. 98
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
Township On reservation with medical care of Village San Carlos or _____
City _____ No. San Carlos Indian Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Life mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Nanty, Icabod

(a) Residence: No. San Carlos, Arizona. St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE 4/4 Apache	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of <u>Nanty, Agnes</u> (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) ?? 1901		
7. AGE Years 37	Months ?	Days ?
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> Laborer		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u> ?		
10. Date deceased last worked at this occupation (month and year) <u>Aug. 1938</u>		11. Total time (years) spent in this occupation ?
12. BIRTHPLACE (city or town) <u>San Carlos,</u> (State or country) <u>Arizona</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Arizona</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (city or town) <u>Unknown</u> (State or country) <u>Arizona.</u>		
17. INFORMANT <u>Hospital,</u> (Address) <u>San Carlos, Arizona.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>San Carlos, Ariz.</u> Date <u>Burial 8-31-38</u> , 19__		
19. UNDERTAKER <u>Family</u> (Address) <u>San Carlos, Arizona.</u>		
20. FILED <u>Aug. 31st, 1938</u> <u>Non-Resident</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 29th, 1938 to Aug. 30th, 1938
I last saw him alive on Aug. 30th, 1938, death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:
Alcohol, poisoning, suspected. About 8-24-38. Abdominal crisis. Drinking native beer and tulapai made in tin cans.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) _____ M. D.
(Address) San Carlos, Arizona.